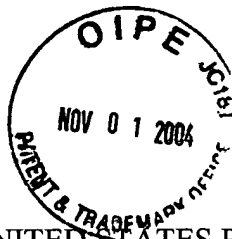


00862.001579.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

NOV 03 2004

Technology Center 2600

In re Application of:)	
	:	Examiner: L. Ye
YOSHINOBU SHIRAIWA, ET AL.)	
	:	Group Art Unit: 2615
Application No.: 09/697,315)	
	:	
Filed: October 27, 2000)	
	:	
For: IMAGE PROCESSING)	November 1, 2004
APPARATUS AND METHOD	:	(First Business Day After
)	A Saturday Due Date)

MAIL STOP AMENDMENT

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

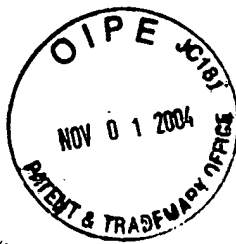
Sir:

In response to the Official Action dated July 30, 2004, the Examiner is
requested to amend the above-identified application as follows:

11/02/2004 HGUTEMR1 00000056 09697315

01 FC:1201

176.00 OP



In re Application of:

YOSHINOBU SHIRAIWA, ET AL.

Application No.: 09/697,315

Filed: October 27, 2000

For: IMAGE PROCESSING APPARATUS
AND METHOD

Docket No. 00862.001579.1

Examiner: L. Ye

Group Art Unit: 2615

Date: November 1, 2004
(First Business Day After
a Saturday Due Date)

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	MINUS	20	0	x \$9 \$18	0.00
INDEP. CLAIMS	8	MINUS	6	2	x \$44 \$88	176.00
Fee for Multiple Dependent claims \$150/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						176.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$176.00 is enclosed.

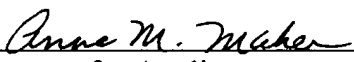
☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C., office by telephone at (202) 530-1010. All correspondence should be directed to our address below.



Attorney for Applicant
Anne M. Maher
Reg. No. 38,231

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
AMM/agm

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